



ENERGY STAR⁷ Commitment Form:
Program Area(s) Where ENERGY STAR Partner
Commits to Fulfill Program Requirements

Partner Name: _____

Date: _____

Partner agrees to fulfill the program requirements of each program area below, where an "X" has been placed.

Improve the Energy Performance of Buildings

** See Program Requirements for*
____ Business/Public sector

Label (and Promote) Qualified Products

** See Program Requirements for*

Appliances – White Goods

- ____ Clothes Washers
- ____ Dishwashers
- ____ Refrigerators
- ____ Room Air Conditioners

Consumer Electronics

- ____ Audio Equipment and DVD Products
- ____ Set-top Boxes
- ____ Telephony
- ____ Televisions and VCRs

Financial Products

- ____ Mortgages for Energy-Efficient Homes
- ____ Financing for Energy-Efficient Products

Heating, Ventilation, and AC Products

- ____ Boilers
- ____ Central AC and Air-Source Heat Pumps
- ____ Furnaces
- ____ Geothermal Heat Pumps
- ____ Light Commercial HVAC
- ____ Programmable Thermostats
- ____ Residential Ceiling Fans
- ____ Residential Ventilating Fans

Home and Building Envelope Products

- ____ Roof Products
- ____ Windows

Lighting Products

- ____ Exit Signs
- ____ Residential Fixtures

Label and Promote Qualified Products (cont.)

** See Program Requirements for*

Office Equipment

- ____ Computers
- ____ Copiers
- ____ Faxes, Printers, and Mailing Machines
- ____ Monitors
- ____ Multifunction Devices (all-in-one devices)
- ____ Scanners

Other Products

- ____ Commercial Solid Door Refrigerator/Freezer
- ____ Residential Dehumidifiers
- ____ Traffic Signals
- ____ Transformers
- ____ Water Coolers

Label and Promote Qualified Homes

** See Program Requirements for*

- ____ Home Builders

Promote ENERGY STAR Home Improvement Offerings ** See Program Requirements for*

- ____ Residential Contractor Referral

Promote ENERGY STAR Labeled Products

** See Program Requirements for*

- ____ Retailers/E-tailers
- ____ Buying Groups

Promote ENERGY STAR as a regional program implementer in the

- ____ Residential Product Market
- ____ New Construction Market
- ____ Commercial Market

** See Program Requirements for Regional Program Implementers*

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(Over)

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____ Screw-Based Compact Fluorescent Lamps (CFL)

Partner Name: _____**Date:** _____

*Please provide contact information for each program area selected on page 1.
(Make extra copies of page 2 when joining multiple program areas.)*

ENERGY STAR Program Area: _____

	Responsible Agent of Company:	Primary Contact (if different):
Contact Name:		
Title:		
Company:		
Address:		
City:		
State:		
Zip:		
Country:		
Phone:		
Fax:		
E-mail:		

	Additional Contact (marketing,	Additional Contact (if appropriate):
Contact Name:		
Title:		
Company:		
Address:		
City:		
State:		
Zip:		
Country:		
Phone:		
Fax:		
E-mail:		

Please return to the attention of:**partnership@energystar.gov**

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